

ICS Software, Ltd.

Serving the Medical Community since 1986.

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{Please type or Print Legibly}

TO: ICS SUPPORT	DATE:
ICS CASE NUMBER:	ATTENTION:
SENDER'S NAME:	PRACTICE NAME:
SENDER'S FAX #:	SENDER'S PHONE#:
PAGES [#] Incl. cover:	SENDER'S NOTE:
REASON: <input type="checkbox"/> Appt. Calendar <input type="checkbox"/> ARRA Screen <input type="checkbox"/> Attestation <input type="checkbox"/> Claim Correction	
<input type="checkbox"/> Check Medicare <input type="checkbox"/> Doctor/Office Setup <input type="checkbox"/> Eligibility <input type="checkbox"/> End of Day <input type="checkbox"/> E-Prescribing	
<input type="checkbox"/> Hardware <input type="checkbox"/> HIPAA <input type="checkbox"/> Insurance Setup <input type="checkbox"/> Intake Forms <input type="checkbox"/> J Codes/Narratives	
<input type="checkbox"/> Kicklist <input type="checkbox"/> Libraries <input type="checkbox"/> Meaningful Use <input type="checkbox"/> Measurebot <input type="checkbox"/> Med Entry <input type="checkbox"/> MedXpress	
<input type="checkbox"/> Morning Index <input type="checkbox"/> New Client <input type="checkbox"/> Patient Chart <input type="checkbox"/> Posting / Auto Post <input type="checkbox"/> Reg Forms	
<input type="checkbox"/> Reports _____ <input type="checkbox"/> Rejections <input type="checkbox"/> Routing Slip <input type="checkbox"/> Runtime Error# _____	
<input type="checkbox"/> Registration Forms <input type="checkbox"/> Sales <input type="checkbox"/> SamNotes <input type="checkbox"/> System Setup <input type="checkbox"/> Training Staff	
<input type="checkbox"/> Transmitting Claims <input type="checkbox"/> Updates <input type="checkbox"/> Wish List {must attach form} <input type="checkbox"/> Zip Claim	
<input type="checkbox"/> REMARKS:	

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